A GUIDE TO THE CATILIZE HEALTH PORTAL

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REGISTRATION

Go to portal.catilize.com

Click on Register.	
Catilize Health Privacy Policy Login	
Welcome!	Login Register
By continuing, you agree to Catilize Health conditions of use and privacy policy	Email Password
	Forgot password?

You will be directed to the registration screen.

Register Instructions	Login Re	Register			
You must already be enrolled in your employers Catilize Health plan to regi Your name, SSN and date of birth must match your enrollment document	ster		Enrollme	nt Details	
By continuing, you agree to Catilize Health conditions of use and privacy policy					
	Last 4 of SSN			Date of Birth	
	####			mm/dd/yyyy	
	Confirm Your E	Email			
	Register				
© 2021 - Catilize Portal - Privacy					

You will receive an email to complete registration.

Once you receive the email, click Complete Re	egistration.
Catilize Health	
Complete Registration	
Click the button below to complete the registration for your Catil ze Health Portal account.	
Registration link for Patient Patient michael.pandice@catilizehealth.com	
Complete Registration	
If that doesn't work, copy and paste the following link in your browser: <u>https://portal.catilize.com/SetPassword?</u> <u>token=BA6F63D15FD543C3A97AC5D2A4DD7498&type=registration</u>	
Thank You, Catilize Health Portal Team	
You received this email because we received a request to register your Catilize Health Portal account.	
2605 Nicholson Rd. (Suite 1140), Sewickley, PA 15143	

This will direct you to set up your password.

Catilize Health Privacy Policy Login	
Registration Please use a password that has not been used previously on this or other websites.	Set Your Password Confirm You Password
 6 to 128 characters At least one lowercase letter (a-z) At least one number (0-9) No spaces, < or > 	Set Password

After clicking Set Password, you will get a box that confirms your password has been set.

Catilize Health Privacy Policy Login	Password Updated	×
Registration	Your password has been set.	
Please use a password that has not been websites.		Close
 6 to 128 characters At least one lowercase letter (a-z) At least one number (0-9) No spaces, < or > 		Set Password

After clicking Close, you will be redirected back to the login page.

LOG INTO THE PORTAL

Go to portal.catilize.com

Catilize Health Privacy Policy Login	
Welcome!	Login Register
By continuing, you agree to Catilize Health conditions of use and privacy policy	Email
	Password
	Forgot password?
	Login

Type in your email and password then click Login.

You will be directed to the Upload Claim Documents page.

From the menu bar, you can also print a copy of your ID Card, upload or view Claim Documents, view processed claims, go to our Privacy Policy or Log Out.

UPLOAD CLAIM DOCUMENTS

Click on Upload Claim Documents.

Catilize Health	Test Michael Patient ID Card Upload Claim Documents View Claim I	Documents Processed Claims Privacy Policy Log Out
	Upload EOBs,receipts, and claims You do not need to upload a claim form. Drag & Drop files to upload or click select files to browse your computer Fill in total amount requested for all claims, then click Submit	Upload r.
	Your documents will be viewed and processed by a Catilize Health claim specialist within 5 business days. The reimbursable items on your document will be itemized into separate	Drag & Drop Files To Upload
	claims and may be viewed under Processed Claims. Your previously uploaded claim documents will be listed under View Clai Documents.	im OR Select files
		Amount requested: 0.00 😧 Submit

You can drag and drop files to upload or click on Select Files to browse your computer.

Fill in the total amount requested for all claims for reimbursement. You will see each document listed individually. If you need to delete a document, click the green trash can button to the right of the uploaded document or click Clear to remove all uploads.



After adding all of your documents and the total amount of all claims, click Submit.

A pop-up box will confirm your claim has been submitted.

You will also receive an email confirming you claim has been submitted.



Click Close to be directed to the View Claim Documents page.

VIEW CLAIM DOCUMENTS

Click on View Claim Documents.

Claim Documents View Submitted claim Images	Amount Requested 💠 Submitted On 👻 Status
These are your claim images - Your documents will be viewed and processed by a Catilize Health claim specialist within 5 business days.	No data available in table
The reimbursable items on your document will be itemized into separat claims and may be viewed under Processed Claims.	te
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	Showing 0 to 0 of 0 antring

	Amount Requested	Submitted On	•	Status	÷
⑪	\$35.00	10/26/2021		Submitted	

You can view submitted documents by clicking here.

 Amount Requested	÷	Submitted On	•	Status	÷
\$35.00		10/26/2021		Submitted	

If you need to delete your submitted documents, click here.

You will get a prompt confirming that you want to delete the document.

These documents will be permanently deleted and cannot be recovered. Are you sure?



Once processed, reimbursable items on your submitted document will be itemized into separate claims and may be viewed under Processed Claims.

PROCESSED CLAIMS

Click on Processed Claims.

From here, you can view claims that have been processed and approved for reimbursement. You can see the reference number, member name, date of submission and status of claim.



To see more information about the claim, click the green circle with the plus sign. You can view the type of claim (co-pay, co-insurance or deductible), date of service and amount of reimbursement.



ID CARDS

Click on ID Card. This will direct you to your ID Card.

You can print your ID card from here.

The ID Card has the information that providers need to submit claims.

Catilize Health Test Michael Patient ID Card	Upload Claim Documents View Claim Document	Processed Claims	Privacy Policy	Log Out
	Test POLICY MERP GROUP NUMBER: TestA MEMBER NAME: Michae MEMBER ID: 20024773 EFFECTIVE DATE: 07/01/ Dependents Billy Patient	l Patient 5 2019 ,		Susie Patient
	Please Note: Participant's MERP PLAN WILL PAY F PRESCRIPTION:MERP BIN≠015433 PRESCRIPTION INQUIRIE	Health Plan coverag DR CO-PAYS, CO-INS PCN#:SSN 5:800.710.9341	e must be subm SURANCE AND I	itted first. DEDUCTIBLES ONLY P.TestA
	Employer Self-Funded Id Please send claims to: Participant's Health Plan Catilize Health 2605 Nicholson Road Suite 1140 Sewickley, PA 15143 877-872-4232 877-599-3724 (fax)	entification Card		
	Important Member Infor Catilize Health is a third party a participant's Health Plan Prior processes and pays provides d	nation: dministrator for employee o submission to Catilize H rectly for CO-PAYS, CO-IN	self-funded plans. N ealth to ensure prop ISURANCE & DEDUC Print	Aedical Claims must be filed with the er payment of services. Catilize Health TIBLES ONLY.

FORGOT PASSWORD

If you forget your password, go to the home page and click Forgot Password.

Login Register
Email Password Forgot password?

Type in your email and click Submit.

Catilize Health Privacy Policy Login	Enter the email advess associated with your account, and x we'll send you an ema, with a link to reset your password.
Welcome! By continuing, you agree to Catilize Health policy	Your Email michael.pandice@catilizehealth.com Submit Cancel Forgot password? Login

You will get a confirmation box stating a link has been sent to your email to reset the account password.

Catilize Health	Privacy Policy Login	Password Reset ×	
	Welcome!	A link has been sent to your email to reset the account password.	
	By continuing, you agree to Catilize Health policy	Close	
		Password	
		Forgot password?	
		Login	

When you receive the email, click Reset Password.



The link will direct you to the following page. Type in a new password and click Set Password.

Reset Password
Please use a password that has not been used previously on this or other
websites.

- 6 to 128 characters
- At least one lowercase letter (a-z)
- At least one number (0-9)
- No spaces, < or >

Confirm You Password		

You will receive confirmation that your password has been updated.

Catilize Health Privacy Policy Login	Password Updated	×	
Reset Password	Your password has been set.		
Please use a password that has not been websites.		Close	
6 to 128 characters At least one lowercase letter (a-z)			
At teast one number (0-9) No spaces, < or >	I	Set Password	

PRIVACY POLICY

Click on Privacy Policy to view our Privacy Policy.